OFFICE USE ONLY
ISSUED
LICENSE NO



CASHIER USE ONLY	
CASHIER USE UNLI	

4104

APPLICATION FOR FOOD PROCESSING PLANT LICENSE NEW LICENSE

Please type or print clearly LICENSE EXPIRATION L	JATE: JUNE 30
FIRM NAME:	PHYSICAL PLANT LOCATION:
APPLICANT NAME:	
MAILING ADDRESS:	
NAME OF: OWNER MANAGER TELEPHONE NUMBER	COUNTY
Firm operates as:	l
·	ooperative
List name and address of all partners and/or officers below NAME TITLE	: ADDRESS (Include City, State, Zip Code)
10.000	(Holde City, State, 24) Code)
If firm is out of state, provide name and address of individue and accept service of summons and legal notice.	al residing in Washington State who is authorized to receive
· ·	
Name:	
Address:	
Type of food(s) processed:	APPLICANT STATEMENT
	I certify that the above information is correct and that the
	fee enclosed corresponds to the estimated gross annual sales for the initial license period.
	Signature of
	Applicant:
	Title:
FEE SCHEDULE*	
If gross annual sales are: The license fee is: \$0 to \$50,000\$ 55.00	Date:
\$50,001 to \$500,000\$ 110.00 \$500,001 to \$1,000,000\$220.00	REMITTANCE
\$1,000,001 to \$5,000,000\$385.00 \$5,000,001 to \$10,000,000\$550.00	The license fee is determined by estimating the gross annual sales for the initial license period.
Greater than \$10,000,000 \$825,00	a inda sales for the initial ilderise period.

*Fees are based in gross sales of types of food that WSDA inspects and

for which the license is required and issued.

TOTAL LICENSE FEE REMITTANCE: \$

Attachment A:

Sanitation Schedule

Please list sanitation schedule and procedures for clean up of facilities and equipment. **Briefly:**

- List the equipment and utensils used for processing of food.
- How the **equipment and utensils** will be cleaned, sanitized and how often. **Briefly describe how**:
- Walls, floors, ceilings and like surfaces will be cleaned and maintained.
- Restrooms, hand washing sinks, equipment-washing facilities will be supplied and used.

Attachment B:

Intended Process Information

Products to be processed:

Type of processing (circle appropriate processes)

1. Acidified - Pickling Foods

A. Acidifying

(Adding vinegar, citric acid to a low acid food)

B. Pickling by Natural Fermentation

2. Acidified - Condiments, Vinegar's

- A. Vegetables
- **B.** Vinegar
- **C**. Salsa (shelf stable)
- D. Dressings
- **E.** Sauces (Bar-B-Q, etc.)

3. Acidified – Low Acid Canned Foods

A. Low Acid Food (vegetables, mushrooms, fish, etc.)

- 1) Retortable Pouches
- 2) Rigid Metal Cans
- 3) Other (describe)
- **B.** High Acid Food (Fruit, tomatoes)
- 4. Baking
- 5. Blending, Dry Mixing
- 6. Candy Making
- 7. Coffee/Tea Roaster
- 8. Flour Grinding/Milling

9. Fruit Processing

- A. Freezing
- **B.** Dehydrating, drying
- **C.** Cider, juice, processing
- D. Jams, jellies, syrups, sauce

NOTE:

Low-Acid and "Low-acid food" means:

Food with a pH greater than 4.6. (canned fish, vegetables) and water activity greater than 0.85.

Acidified Food - means:

A low-acid food to which acid or acid foods are added to attain a finished pH at or below 4.6.(pickles) unless an analysis shows otherwise, WSDA considers sauce, dressing, and salsa products low-acid or acidified foods. Low-acid and acidified foods present potential serious health hazards and are subject to regulations specified in Title 21 of the Code of Federal Regulations, Parts 113 and 114.

The Federal Drug Administration (FDA) **requires** processors of Low-acid and acidified foods to:

- Register with the FDA; (not later than 10 days after first engaging in the manufacture, processing or packing of Acidified Foods or Low Acid Canned Foods.)
- File scheduled processes for each product and container size;
- Receive appropriate training from an FDA approved processing school;
- Maintain specific processing records; and
- Use equipment that meets certain requirements.

Contacts:

Regional FDA Office P.O. Box 3012 22201 23rd Drive SE Bothell, WA 98021-4421 (425) 486-8788 FDA Center for Food Safety and Applied Nutrition LACF Registration HFS-618 200 "C" Street SW Washington, DC 20204 (202) 205-5282 Type of processing (circle appropriate processes) Continued:

- 10. Ice Maker
- 11. Pasta Manufacturing
- 12. Rabbit / Poultry Butchering
- 13. Salad Manufacturer
 - A. Cut Green
 - B. Coleslaw, Potato, Macaroni,
 - **C.** Seafood
- 14. Sandwich Making

(More than 2% meat contact USDA also)

- 15. Seafood
 - **A.** Butchering
 - **B.** Freezing
 - **C.** Processing
- 16. Smoking (fish, seafood)
 - A. Hot Smoke
 - B. Cold Smoke
 - C. Product Vacuum Packaged
- 17. Snack Foods
- 18. Soft Drink Bottler
- 19. Soup Making
 - **A.** Dry Mix
 - **B.** Liquid
- 20. Tofu Manufacturing
- 21. Vegetable Processing
 - A. Freezing
 - B. Dehydrating, drying
 - **C.** Juice processing
- 22. Water Bottling
- 23. Other (explain)

Attachment B: (continued)

Briefly describe the steps and stages of your process. Include the amount of time the food stays at each step and the temperature of the food.

Include:

Receiving (Sources, Ingredients – include whether frozen, refrigerated, dry goods)

Storage (Frozen, refrigerated, room temperature)

Processing (Describe basic preparation. This can include a general flow chart or diagram)

Packaging (Bulk pack or retail)

Distribution (Frozen, refrigerated, dry goods or combination)

(If processing vinegar, salsa, sauces, acidified and LACF you are required to provide a "Processing Authority Letter" for your process prior to licensing.)

Attachment C: (Use Ink)

Floor Plan

Please sketch a tentative floor plan of your operation. Include the approximate location of sinks, floor drains (if needed), and placement of equipment. Please indicate approximate dimensions of building and rooms.

Attachment D:

Proposed Labeling

Please sketch a rough draft of your proposed label below or attach copy of proposed label to this sheet. Please include on your label: (see Handbook for additional information)

- 1. Common name of product
- 2. Manufacturer and/or distributor name & address (can include phone number)
- 3. Net weight
- **4. Ingredients** List in order of predominance by weight (The ingredient that weighs the most is listed first)

Attachment E: Answer the following if you are using Well, Spring or other private water supply

Water Supply Testing Requirements

To determine the water supply testing requirements for your facility, please complete this questionnaire and refer to the requirements on the following pages:

Q	uestions	<u>YES</u>	<u>NO</u>
1.	Do you process bottled water or ice at your facility?		
	If YES, your facility must comply with the Group A Water System requirements (See2A page 9). If you process bottled water, your facility must also meet specifications outlined in Title 21 CFR, Part 129.		
	If NO, go to question no. 2.		
2.	Is any of your facility's water supplied from a well, spring, or other private water system?		
	If YES, go to question no. 3.		
	If NO, there are no special testing requirements (See 1 page 8).		
3.	Does your business employ 25 or more people each day for 60 or more days per year?		
	If YES, your processing facility meets definition for Group A Water System (See Answer 2A- page 9).		
	If NO, go to question no. 4.		
4.	Is your processing facility located at your single-family residence, where you employ only immediate family members?		
	If YES, you must have your water analyzed before a processing license can be issued (See 2C- page 9).		
	If NO, your processing facility meets the definition for a Group B Water System (See 2B – page 9).		

See next page for inorganic chemical and physical characteristic water analysis requirements.

WATER SUPPLY AND TESTING REQUIREMENTS

Your water supply must meet the State Department of Health (DOH) requirements for potable water. If you are on a public water supply (city or municipal water supply or water association), it meets these requirements. If you are on a well or other private water supply, (depending on the number of employees and how many days you operate) you must meet the State Department of Health (DOH) requirements for a Group A or Group B water system or, for single family processor with no outside employees, equivalent requirements under WSDA. These systems are further defined below:

- City, Community, and Other Municipal Water Systems:
 Except for bottled water and ice processors, food processors on any of these water
 supply systems do NOT need to test their water supply.
 If you process bottled water or ice, see 2A.
- 2A. Bottled water / ice processors <u>OR</u> food processors with water supplied from a well, spring, or other private water system that employ 25 or more people each day for 60 or more days per year:

These processing facilities must comply with the Washington State Department of Health's **Group A Water System** requirements. Contact the Department of Health Division of Drinking Water for approval of the water system. Written approval from the Department of Health Division of Drinking Water is required before a food processor license can be issued.

Washington State Department of Health Division of Drinking Water Contacts:

Fax:

Eastern Washington Regional Office West 1500 Fourth Avenue Suite 305

Spokane, WA 99204 Phone: (509) 456-2457 Fax: (509) 456-2997

Northwest Drinking Water Operations 20435 – 72nd Ave S, Suite 200 Mail Stop K17-12 Kent, WA 98032

Phone: (206) 395-6750 Fax: (206) 464-7059 Southwest Washington Regional Office 2411 Pacific Avenue P.O. Box 47823 Olympia, WA 98504-7823 Phone: (360) 664-2657

(360) 664-8058

Note: Bottled water processors must also meet requirements of the Good Manufacturing Practices for Bottled Water (Title 21 CFR, Part 129).

2B. Food processors with water supplied from a well, spring, or other private water system that employs less than 25 people each day (other than immediate family members) AND/OR operate for less than 60 days per year:

These processing facilities meet the Washington State Department of Health's definition of a <u>Group B Water System</u>. Contact the Department of Health Division of Drinking Water or the County Health Department for approval of the water system. Written approval from the Department of Health Division of Drinking Water or the County Health Department is required before a food processor license can be issued.

See "Contacts" listed above or the County Heath Department Roster provided in the Application Packet Appendix.

2C. Food processors with water supplied from a well, spring, or other private water system that operate in a single family residence and <u>only</u> employ immediate family members:

The water systems for these food processing facilities are regulated by the Department of Agriculture and must meet the Department of Health's Group B requirements for a satisfactory bacteriological analysis. These food processors must submit a recent (within one month) satisfactory bacterial analysis report for their water supply before a processor license can be issued and every 12 months thereafter. See next page for bacteriological water analysis requirements. If the water is used as an ingredient in the processed product see 2D below.

2D. Water from a private water system used as an ingredient in processed food:

If a food processor uses water as an ingredient in their food processing, the water supply must also meet the Department of Health's Group B inorganic chemical and physical requirements for potable water. This includes water used in brine and glazing solutions or water used to reconstitute concentrates or dehydrated products. These food processors are required to submit a recent (within one month) satisfactory inorganic chemical and physical analysis report for their water supply before a food processor's license can be issued. A satisfactory Nitrate analysis is also required every three years thereafter. See page after questionnaire on water supply for inorganic chemical and physical characteristic water analysis requirements.

Attachment E: (continued)

Bacteriological

Water samples taken for bacteriological analysis must be sampled from the furthest end of the water distribution system. The Maximum Contaminant Level (MCL) for coliform is the presence of coliform in the water sample (WAC 246-291-320). A satisfactory bacteriological water analysis is required prior to licensing and every 12 months thereafter.

Inorganic Chemical

Water samples taken for inorganic chemical analysis (primary and secondary chemicals) must be collected at the water source or well field before treatment. Review tables below for the Maximum Contaminant Levels (MCLs) allowed for each primary and secondary chemical (WAC 246-291-330). If the water is used as an ingredient in the processed food, a satisfactory inorganic chemical water analysis is required prior to licensing.

Primary Chemicals

Substance	Primary chemical MCLs (mg/L)
Antimony	0.006
Arsenic	0.05
Barium	2.0
Beryllium	0.004
Cadmium	0.005
Chromium	0.1
Cyanide	0.2
Fluoride	4.0
Mercury	0.002
Nickel	0.1
Nitrite	1.0
Selenium	0.05
Sodium	no MCL established
Thallium	0.002

Secondary Chemicals

Substance	Secondary chemical MCLs (mg/L)
Chloride	250.0
Fluoride	2.0
Iron	0.3
Manganese	0.05
Silver	0.1
Sulfate	250.0
Zinc	5.0

Nitrate

The Maximum Contaminant Level for Nitrate is 10.0 mg/L. <u>A satisfactory nitrate water analysis</u> is **required prior to licensing** and every three years thereafter.

Physical Characteristics

If the water is used as an ingredient in the processed food, a satisfactory physical characteristic analysis **is required prior to licensing**. After initial satisfactory analysis, the Department of Health determines the monitoring frequency on a case-by-case basis.

Substance	MCL
Turbidity	1-0 NTU
Color	15 color units
Hardness	No MCL established
Specific Conductivity	700 umhos/cm
Total Dissolved Solids	500 mg/L

A satisfactory water analysis is required before licensing and according to the monitoring frequency thereafter, as noted above.

Final Check List 1. Reviewed Intrastate Commerce & Food, Drug and Cosmetic Act (chapter 69.04 RCW) 2. Reviewed Washington Food Processing Act (chapter 69.07 RCW) 3. Reviewed Current Good Manufacturing Practices (Title 21 CFR Chapter Part 110). 4. Building, facilities, equipment and grounds are in compliance with Current Good Manufacturing Practices. 5. Completed application form. 6. Completed Attachment A -- Sanitation Schedule. 7. Completed Attachment B -- Intended Process. 8. Completed Attachment C -- Floor Plan. 9. Completed Attachment D -- Label Draft. 10. Completed Attachment E - Water Supply Testing Requirements. 11. Enclosed documentation verifying a potable water supply system (if required)

Forward application and Attachments A, B, C, D, and E along with a check or money order to:

under Attachment E for your type of food processing operation).

Department of Agriculture Food Safety & Animal Health Division P.O. Box 42591 Olympia, WA 98504-2591

Upon receipt of the application and review in the Olympia office, a local Food Safety Officer will contact you.

If you have any questions that can not be answered by the information in this packet, please call the Olympia Food Safety Office at **360-902-1876**.